## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)											Expiration Date: 08/31/2024				
SECTION A - TYPE OF REPORT															
CONSOLIDATED REPORT															
		SECT	TION F	B – EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N							
GK77208	WEC ENERGY GROUP														
ADDRESS CITY/TOWN											STATE ZIP CODE				
231 W MICHIGAN ST						MILWAUKEE						WI 53203			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HO/ESTABLISHMENT-LEVEL UNIT ID  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HQ/ESTABLISHMENT-LEVEL UNIT ID					неарс	UAKIE	KS OK E	STABLE	SHIVLEN	I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	IENT-LE	ENT-LEVEL ADDRESS				CITY/TOWN						STATE		ZIP CC	DE
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)															
390476280															
SECTION E – EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Y9ERB7BWHBX9															
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)															
X YES (Headquarters is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION															
		S				INFOR ower Dis									
	SI	ECTION							TA						
SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
Hispanic Not Hispanic or Latino															
		or Latino			М	lale	1401		Female						
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	e e	Two or More Races	Daw
JOB CATEGORIES		d)		흔띭		iia Isla	nerican Indian Alaska Native	8		r izi		iia Isla	American Indian Alaska Native	8	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	N N	ı ≥ e	l e	White	Black or	Asian	Na Isi	₽ S	).e	Total
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Executive/Senior Level Officials and Managers	1	1	60	3	1	0	0	0	18	3	2	0	1	0	90
First/Mid-Level Officials and Managers	46	24	545	47	8	0	4	2	132	37	3	0	0	1	849
Professionals Technicians	49 20	29	717 356	24 20	40	0	2	11 3	359 76	38 10	21 3	0	2	0	1299 502
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	36	83	144	45	12	0	2	7	444	252	17	1	3	14	1060
Craft Workers	319	17	1902	255	20	3	12	13	39	29	0	0	0	0	2609
Operatives	30	1	282	34	1	0	5	2	33	4	0	0	0	1	393
Laborers and Helpers Service Workers	75	5 0	92	91	1	0	2	4	32	34	0	0	0	1	337
	1		7	1	0	0	0	0	2	0	0	0	0	0	11
CURRENT 2022 REPORTING YEAR TOTAL	577	167	4105	520	87	6	29	42	1135	407	46	1	7	21	7150
PRIOR 2021 REPORTING YEAR TOTAL	_ 521	171	4039	479	78	5	27	31	1130	388	41	1	7	19	6937
		SECTION	ON I –	WORK	FORCI	E SNAP	SHOT	PERIO	D D			1	<u> </u>		l
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/16/2022 - 12/31/2022															

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

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#### SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

# EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME GK77208 WEC ENERGY GROUP ADDRESS CITY/TOWN STATE ZIP CODE 231 W MICHIGAN ST MILWAUKEE WI 53203

## CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

### CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

### DATE OF CERTIFICATION 11/8/2023 8:06 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
FAIZA STRAIN	HR Consultant						
Email Address of Certifying Official	Telephone Number of Certifying Official						
FAIZA.STRAIN@WECENERGYGROUP.COM	414-221-3508						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
FAIZA STRAIN	HR Consultant						
	WEC Emergy Group						
Email Address of Primary POC	Telephone Number of Primary POC						
FAIZA.STRAIN@WECENERGYGROUP.COM	414-221-3508						